

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345468</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>3/10/2015</b>
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY COMMONS REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 RACINE DRIVE WILMINGTON, NC</b>
--	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 156</b>	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>
--------------	--

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345468</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>3/10/2015</b>
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY COMMONS REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 RACINE DRIVE WILMINGTON, NC</b>
--	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------	-----------------------------------

<b>F 156</b>	<p>Continued From Page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide a Medicare non-coverage letter and appeal rights for 1 of 1 residents (Resident #1) who was discharged from therapy services and remained in the facility.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 10/30/14. The resident received Physical Therapy covered by Medicare payment on 11/1/14 until 12/23/14. The facility was not able to verify through documentation that Resident #1 received an approved Medicare Non-coverage letter which would have notified the resident that Medicare services were ending and the resident's right to appeal.</p> <p>During an interview on 3/10/15 at 2:20 PM, the facility Business Office Manager stated that it was Resident #1's choice to stop therapy. He revealed that he did not issue a Medicare Non-coverage letter because Resident #1 was refusing therapy.</p> <p>During an interview on 3/10/15 at 3:03 PM, the facility Rehabilitation Therapy Director (Rehab. Director) stated that Resident #1 showed progress in therapy. She revealed that some of the resident's goals were met and some of them were not met. The Rehab. Director further stated that Resident #1 had reached a plateau in therapy. The resident had met a goal to sit with modified assistance and maximum functional level was achieved.</p> <p>During a subsequent interview on 3/10/15 at 4:25 PM the Business Office Manager stated that he verbally told Resident #1's family member about Medicare. He revealed that he had several conversations with Resident #1's family and they were well aware of the appeal process and Resident #1's family member informed him they were not going to appeal. The Business Office Manager explained that he usually sent out Medicare Non-coverage letters unless 100 days were exhausted or the resident left early. He reported that he must have misunderstood the Physical Therapist that told him Resident #1 was discharged because she refused therapy.</p> <p>During an interview on 3/10/15 at 4:56 PM the facility Social Worker stated that she had talked to Resident #1's family member about Resident #1's discharge from therapy. She revealed that Resident #1 had reached a plateau in therapy. She further stated that whenever there was a decision to end therapy, the Medicare Non-coverage letter should be issued.</p> <p>During an interview on 3/10/15 at 5:34 PM the Administrator revealed that his expectation would be that the Business Office Manager would issue the Medicare Non-coverage letter. He stated that the Business Office Manager had talked to the family member but had not issued anything in writing.</p>
--------------	--

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345468</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: <b>3/10/2015</b>
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY COMMONS REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 RACINE DRIVE WILMINGTON, NC</b>
--	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 156</b>	Continued From Page 2
--------------	-----------------------